Name in Full: Wm Henry Abrecht

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 190 4 — Month: June — Day: 13 — Age: Years 58 — Months 7 — Days 13

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: Single — Occupation: Coach Painter

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Abrecht — Father's Birthplace: Frederick Md

Mother's Maiden Name: Sarah Jane Eichelberger — Mother's Birthplace: Md

Name of person giving information: Niles Abrecht — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stroke, from Lifting — How long:

Immediate: Internal Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. T. Haffner M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Esther A. Albaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Near Liberty — County: Frederick

Date of death 1904 — Month: June — Day: 20 — Age — Years: 77 — Months: 6 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Andrew Albaugh — Father's Birthplace: Fred. Co

Mother's Maiden Name: Emily Immigstar — Mother's Birthplace: Fred. Co

Name of person giving Information: Chas Albaugh — How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. — How long: one Year

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Linn

Address: Liberty town Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6881G

Name in Full: Sarah A. Biddinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Libertytown; County: Fred'k.

Date of death 1904: Month: 6; Day: 20

Age: Years: 82; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Widow

Occupation: —

Name of Wife or Husband: Ephraim Biddinger

Father's Name: — Rippeon

Father's Birthplace: Maryland

Mother's Maiden Name:

Mother's Birthplace: Maryland

Name of person giving information: Wm. S. Eyler

How related to deceased: Son in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complications

How long: 12 mos.

Immediate: Heart Failure

How long: 10 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ira H. Beall M.D.

Address: Libertytown. Md.

Accident or Suicide? —

LIBRARY BUREAU ARBSIB

Name in Full: David Tilghman Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Petersville — County: Frederick

Date of death: Month: June — Day: 29 — 1904

Age: Years: 73 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Jefferson

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Helen Grow

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Brooks — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving In formation — How related to deceased

10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 3 wks

Immediate: General debility — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Samuel Cassell

Address: Petersville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Benjamin Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: June; Day: 5th; Age: Years: 74; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: X

Occupation: Laborer; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving information: X; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy; How long: X

Immediate: Shock; How long: X

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson.

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Charlotte Thomas Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: June — Day: 21 — Age — Years: 81 — Months: 2 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Occupation: — Where Residing if not at place of death: Frederick

Married, Single or Widowed: Widow — Name of Wife or Husband: Mrs Cook

Father's Name: George Thomas — Father's Birthplace: Frederick Co

Mother's Maiden Name: Charlotte Thomas — Mother's Birthplace: " "

Name of person giving Information: Charles F Thomas — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis — How long: Gradual.

Immediate: Apoplexy — How long: Two days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Johnson M.D.

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: James W. Darby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 190 4: Month: June; Day: 21; Age: Years: 58; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: X; Where Residing if not at place of death

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the Liver; How long

Immediate: Exhaustion; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66619

Name in Full: Daniel W. F. Degrange

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fredericke — County: Frederick

Date of death 1907 — Month: June — Day: 26 — Age: Years 63 — Months 11 — Days 21

Sex: Male — Color or Race: white — Birthplace: Fredrick Co. Md

Occupation: Dagguge Mastrouk — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Ursilla Williamson

Father's Name: Jno. Degrange — Father's Birthplace: Fredk Co. Md

Mother's Maiden Name: Ringer — Mother's Birthplace: Fred'k Co. Md.

Name of person giving information: wife — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic nephritis — How long: Indefinite

Immediate: Apoplexy — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. O. Hendrick M.D.

Address: Frederick Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

No. 104

Mariah Diers

Town

County

Died at Old Fields Frederick MARYLAND

Month	Dey	Y.	M.	D.	Native of	Occupetion
Date 1904 6	14	Age 84	0	15	Md	Laborer

~~Male~~ Femele ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced

Number of children living 0

Husbend of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Senility — How long sick 6 mo's

Immediate — Accident, Suicide, Homicide

Reported by Frank J. Shriver md Thos

Address Union Bridge Md

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

Name in Full: George W. Casterday

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frosto — County: "

Date of death 1904: Month: June 10th — Day: 10 — Age: Years: 83 — Months: 6 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Middletown

Married, Single or Widowed: Single — Occupation: Miner

Name of Wife or Husband:

Father's Name: Jacob Casterday — Father's Birthplace: Middletown

Mother's Maiden Name: Rachael Casterday House — Mother's Birthplace: "

Name of person giving information: Sarah A. C. Miller — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malarial — How long:

Immediate: Chronic Cystitis — How long: 10 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Haywood

Address: Jefferson St. Frosto Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Robert D. Calen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Woodsboro; County: Frederick

Date of death: 1904; Month: 6; Day: 12; Age: Years: 46; Months: 8; Days: 16

Sex: Male; Color or Race: White; Birthplace: Lewistown Md

Occupation: Farmer; Where Residing if not at place of death: Woodsboro Md

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or ~~Husband~~: Mary English

Father's Name: Henry Calen; Father's Birthplace: Ireland

Mother's Maiden Name: Burch; Mother's Birthplace: Maryland

Name of person giving In formation; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis liver; How long: Six months

Immediate: Uremia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes am

Signature of Physician: D. E. R. Miller

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88619

Name in Full: Charles Robert Luther Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Point of Rocks; County: Frederick

Date of death 1904: Month: June; Day: 21; Age: Years: 2; Months: —; Days: 24

Sex: Male; Color or Race: Negro; Birthplace: Point Rocks

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William H. Frazier; Father's Birthplace: Frederick City

Mother's Maiden Name: Martha Hall; Mother's Birthplace: Boalsville Md

Name of person giving Information: Wm. H. Frazier; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia; How long: Six weeks

Immediate: Whooping Cough; How long: Four weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. W. Trapnell

Address: Point Rocks Maryland

Accident or Suicide?

LIBRARY BUREAU A8551B

Name in Full: Josiah Finneyfrock

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Lewistown (County) Frederick

Date of death	Month	Day	Years	Months	Days
1904	6	18	Age 81.	9	6

Sex: Male | Color or Race: White | Birthplace: Pa

Occupation: Laborer | Where Residing if not at place of death: Lewistown Md

Married, Single or Widowed: Married | Name of Wife or ~~Husband~~: Wife

Father's Name: Finneyfrock | Father's Birthplace: Pa

Mother's Maiden Name: | Mother's Birthplace: "

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy | How long: 6 weeks

Immediate: Coma | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. E. Willard

Address: Frederick Md

FILED: 1904

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Geo. Daniel Geisinger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1904 — Month: 6 — Day: 26

Age — Years: 59 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Fr. Co Md.

Occupation: Laborer — Where Residing if not at place of death: Walkersville Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Katie Getzendaner

Father's Name: Jacob S. Geisinger — Father's Birthplace: Fr Co Md.

Mother's Maiden Name: Catherine Feller — Mother's Birthplace: " " "

Name of person giving Information: Thos E Geisinger — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Septic infection (Rheumatic) — How long: 3 mos

Immediate: Asthenia — How long: 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Augustus Gustafson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buscarora; County: Frederick

Date of death: 190X; Month: June; Day: 14; Age: Years / Months / Days

Sex: Male; Color or Race: White; Birthplace:

Occupation: Laborer; Where Residing if not at place of death: Dist Columbia

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or ~~Husband~~:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: Thomas S Fisher; How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Fracture of Skull; How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. E. R. Miller M.D.

Address: Frederick

Accident ~~or Suicide~~?

Health Officer Md

LIBRARY BUREAU A89619

Name in Full

Certificate of Death

Elizabeth A. Haines

Died at Town Unionville County Frederick — MARYLAND

Date 1904 Month June Day 13 | Age Y. 75 M. 1 D. 21 | Native of Md. | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living 2

~~Husband~~ Wife of Francis Haines

Father's Name John Lambert | Mother's Maiden Name Not known

Cause of Death: Primary Nephritis | How long sick about 2 years

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Thomas P. Babington M.D.

Address Unionville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Annie Hall.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: Town: Near Buckeystown County: Frederick.

Date of death	Month	Day	Age Years	Months	Days
1904	6	12	13	—	—

Sex: Female | Color or Race: Black | Birthplace: Md

Occupation: None | Where Residing if not at place of death: Same

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: Charles Hall. | Father's Birthplace: Va

Mother's Maiden Name: Mary E Hall. | Mother's Birthplace: "

Name of person giving Information: Eli Nicodemus | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88316

Interment June 13 " 04

" at St. Josephs Cem.

A. F. Rice & Sons.

Name in Full: Abraham Hargett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Frederick — Town: Frederick — County: Frederick

Date of death 1904: Month: June — Day: 18 — Age: Years: 83 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed: Widowed — Occupation: Carpenter

Name of Wife or ~~Husband~~: Catharine E Stockman

Father's Name: Abraham Hargett — Father's Birthplace: Frederick Co

Mother's Maiden Name: Susan Wilt — Mother's Birthplace: Carroll Co Md

Name of person giving Information: Jennie Hargett — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: Gradual.

Immediate: Exhaustion — How long: Gradual.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Johnson. M.D.

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Sarah A Hemp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown County: Frederick

Date of death: 1904 June 2 Age: 70 Years 6 Months 9 Days

Sex: Female Color or Race: White Birthplace: Frederick Co Md

Occupation: None Where Residing if not at place of death: —

Married, Single or Widowed: Widows Name of Wife or Husband: William A Hemp

Father's Name: Joseph Rhodenick Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Clayton Hemp How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intramural Hemplasia & Sclerosis How long: Several Years

Immediate: Heart Failure How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Beckley

Address: Middletown Md

Accident or Suicide?

LIBRARY BUREAU A23515

Name in Full: Lewis Higgins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: June; Day: 19; 1904

Age: Years: 65; Months; Days

Sex: Male; Color or Race: Black; Birthplace:

Occupation: Laborer; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving Information: X; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of the Liver; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lynn.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Frederick — County: Frederick

Date of death 190	Month	Day	Age: Years	Months	Days
	6	13	—	—	

Sex: Male — Color or Race: White — Birthplace: Frederick Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name or Wife or Husband: —

Father's Name: Ezra D Hoffman — Father's Birthplace: Frederick Md

Mother's Maiden Name: Annie E Kreh — Mother's Birthplace: "

Name of person giving In formation: Ezra D Hoffman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Stillborn — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D & B Smith

Address: 6. E. Lady St Frederick Md

Accident or Suicide?

LIBRARY BUREAU AE8516

Name in Full: Joseph Hauff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mdmes(County: Mdmes(

Date of death: 1904 Month: June Day: 24 Age: Years: 85. Months: 6. Days:

Sex: Male Color or Race: White Birthplace: Bayern Austria

Occupation: Store keeper Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband:

Father's Name: Joseph Hauff Father's Birthplace: Bayern Austria

Mother's Maiden Name: x Mother's Birthplace: x

Name of person giving Information: Edward Schroder How related to deceased: Undertaker

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility How long: Gradual.

Immediate: Heart Failure How long: 2 d.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. B. Johnson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A30516

Name in Full: David Dames

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: 1904 Month: June Day: 10

Age: Years: 76 Months: Days:

Sex: Male Color or Race: Black Birthplace: X

Occupation: X Where Residing if not at place of death:

Married, Single or Widowed: X Name of Wife or Husband: X X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving information: X How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dilitation of Heart How long:

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A5501G

Name in Full: James Kiernan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: June; Day: 15; 1904

Age: Years: 71; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving information: 120; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Interstitial Nephritis; How long:

Immediate: Uraemia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry Lanehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkersville — County: Frederick

Date of death: Month: June — Day: 19 — 1904

Age: Years: 72 — Months: 6 — Days: 9

Sex: Male — Color: White — Birthplace: Frdk. Co

Occupation: Farmer — Where Residing if not at place of death: Utica " "

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Henry L. Lanehart — Father's Birthplace: Frdk. Co.

Mother's Maiden Name: Mary Staley — Mother's Birthplace: —

Name of person giving information: Minnie Lanehart — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — Cardiac dropsy — How long: 2 years.

Immediate: Heart failure — How long: 6

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. McCadenna

Address: Walkersville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eva Daisy Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Garfield; County: Frederick

Date of death 190 4: Month: June; Day: 9; Years of Age: 14; Months: 9; Days: 3

Sex: Female; Color or Race: white; Birthplace: Frederick Co, Md.

Occupation: ——; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Upton Lewis; Father's Birthplace: Fred'k Co, Md.

Mother's Maiden Name: Annie Kuhn; Mother's Birthplace: " " "

Name of person giving In formation: Jas. A. Grove; How related to deceased: none

CAUSES OF DEATH

Primary: ——; How long: ——

Immediate: Pulmonary Tuberculosis; How long: about 1 yr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Liason — 14

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Market — County: Frederick

Date of death: 1904 June 10 — Age: Years 37 Months Days

Sex: Female — Color or Race: Black — Birthplace: New Market, Md.

Occupation: ——— — Where Residing if not at place of death:

Married, Single or Widowed: widowed — Name of ~~Wife or~~ Husband: Bellfield Liason

Father's Name: Lon Peach — Father's Birthplace: Maryland

Mother's Maiden Name: don't know — Mother's Birthplace: "

Name of person giving information: Maggie Peach — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute General Peritonitis — How long: Two weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Downey & Hopkins

Address: New Market, Maryland

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: James Lowe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1907 — Month: 6 — Day: 3 — Age: 64 — Years — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: X

Married, Single or Widowed — Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving information: Kate Lowe — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilation of Heart — How long: 41 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long M.D.

Address: 37 E. Patrick St.

Accident or Suicide? X

City.

LIBRARY BUREAU A6861G

Name in Full: Mary Ellen Mc. Caffrey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 190 4 — Month: June — Day: 9th — Years: 64 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation: Retired — Where Residing if not at place of death: 10 Patrick St

Married, Single or Widowed: Single — Name of Wife or Husband: Unmarried

Father's Name: Michael McCaffery — Father's Birthplace: Ireland

Mother's Maiden Name: Ann Brenner — Mother's Birthplace: Frederick

Name of person giving Information: Michael Mc Caffrey — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Bladder — How long: 2 years

Immediate: Oedema of Lungs — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: LaBuck

Address: 23 East Church St.

Frederick

Accident or Suicide? Neither

LIBRARY BUREAU A66516

Name in Full: Charles Samuel McKinney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Frederick

Date of death: 1904 — Month: 6 — Day: 15

Age — Years: — Months: — Days: 10

Sex: Male — Color or Race: Colored — Birthplace: Liberty Town

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles A McKinney — Father's Birthplace: Frederick Co

Mother's Maiden Name: Delia Jenkins — Mother's Birthplace: Frederick Co

Name of person giving In formation: Chas. A McKinney — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Sick — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otis B. Stone M.D.

Address: Liberty Town Md

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: J. Henry Roberson McLaine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bloomfield Near Frederick | County: Frederick

Date of death 190 4 | Month: 6 | Day: 26

Age | Years: 1 | Months: 11 | Days: 27

Sex: Male | Color or Race: White | Birthplace: Hagerstown

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph H. McLaine | Father's Birthplace: Maryland

Mother's Maiden Name: Minnie Lee Hartley | Mother's Birthplace: Hagerstown

Name of person giving information: Charles J. Smith | How related to deceased: grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis + Pneumonia | How long: 3 weeks

Immediate: Asthenia | How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney M.D.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A6881C

Name in Full: Lottie Florence Manford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Burkettsville — County: Frederick

Date of death 190 4 — Month: J — Day: 15 — Age — Years: 20 — Months: 11 — Days: 18

Sex: Female — Color or Race: white — Birthplace: Md

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of ~~Wife or~~ Husband: Wade Manford

Father's Name: James Wallace — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Ray — Mother's Birthplace: Md

Name of person giving information: James Wallace — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Septicaemia — How long: Two Weeks

Immediate: Cardiac Failure — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: George Gordon

Address: Burkettsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Louisa Morgan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 190 1 — Month: 6 — Day: 16 — Age — Years: 1 — Months: 5 — Days:

Sex: Female — Color or Race: Black — Birthplace: Frederick

Occupation: — Where Residing if not at place of death: Frederick

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Nathan Morgan — Father's Birthplace: Frederick Co

Mother's Maiden Name: Louisa Higgins — Mother's Birthplace: ?

Name of person giving Information: Louisa Morgan — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Ida Burck

Address: C. C. Early

Accident or Suicide?

Funeral Director

LIBRARY BUREAU A38616

Name in Full: Ann Eliza Muchmore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Frostburg

Date of death 1904: Month: June — Day: 26 — Age: Years: 74 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Pa.

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: John Muchmore

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving In formation: Daughter Mrs Lizzie Jones — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart Measles — How long: 3 yrs

Immediate: Exhaustion Ordeman — How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. S. Magruder

Address: 17 Lenden St W. Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A6881

Name in Full: John Norton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: 1904; Month: 6; Day: 14; Age: Years: 75; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Md

Occupation: Shoemaker; Where Residing if not at place of death: X X

Married, Single or Widowed: —; Name of Wife or Husband: X X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: X X; Father's Birthplace: X X

Mother's Maiden Name: X X; Mother's Birthplace: X X

Name of person giving information: Martha Davis; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation of heart; How long: 6 months

Immediate: Exhaustion; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Long, M.D.

Address: 37 E. Patrick St

City.

Accident or Suicide?

LIBRARY BUREAU A3U816

Name in Full: Hezikiah Clagget Ondorff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick — County: Frederick

Date of death: Month: June — Day: 13 — 1904

Age: Years: 48 — Months — Days

Sex: Male — Color or Race: White — Birthplace: W. Va

Occupation: Brakeman — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Susan E. Ondorff

Father's Name: David Ondorff — Father's Birthplace: W. Va

Mother's Maiden Name: Eliza Strawnider — Mother's Birthplace: W. Va

Name of person giving Information: Daniel Ondorff — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident. Run by cars — How long: instantly

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Trail

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Ilchester County: Howard

Date of death: Month 6 Day 4 1904

Age: Years — Months 8 Days

Sex: male

Color or Race: White

Birthplace: Ilchester Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Albert Pearson.

Father's Birthplace: Md.

Mother's Maiden Name: Lilly Anne Mayoy

Mother's Birthplace: Va

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus.

How long: 2 mos.

Immediate: Whooping Cough.

How long: 10 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. H. Conley.

Address: Dunloden Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Manor Grandfather
b. b. Early

Name in Full: Margarett Powell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: June — Day: 13th — Years: 50 — Months: 3 — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: widowed — Occupation: domestic

Name of Wife or Husband: William Powell

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving In formation: Elmer Powell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Acute Indigestion — How long: Several hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: U G Bourne, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Garfield Rawlins

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Hyattstown (County) Frederick

Date of death: Month June, Day 4th, 1904 — Age: Years 24, Months 7, Days 2

Sex: male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: near Hyattstown, Md.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William C Rawlins — Father's Birthplace: near Hyattstown, Md.

Mother's Maiden Name: Annie Matthews — Mother's Birthplace: Clarksburg, Md.

Name of person giving Information: William C Rawlins — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] — How long:

Immediate: Consumption of the Bowels — How long: 3 months & 15 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Thomas Gemmell, Sub-Registrar,

Address: Araby, Fred Co, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Janet C. Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 190X — Month: June — Day:

Age — Years: 33 — Months: 7 — Days: 15

Sex: Female — Color or Race: white — Birthplace: Fredk. Md.

Occupation: H.W. — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Edward D. Reynolds

Father's Name: Solomon Reynold — Father's Birthplace: Fredk. Md.

Mother's Maiden Name: Catharine Swope — Mother's Birthplace: Fredk. Md.

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Tuberculosis — How long: some months

Immediate: Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Hendrix M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Mary Jane Saxton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro; County: Frederick

Date of death: Month: June; Day: 9; Age: Years: 79; Months: 9; Days: 25

Sex: Female; Color or Race: White; Birthplace: New Kingston Pa.

Occupation: Housewife; Where Residing If not at place of death: near Woodsboro Md.

~~Married, Single or~~ Widowed; Name of ~~Wife or~~ Husband: William Saxton

Father's Name: John Stephenson; Father's Birthplace: New Kingston Pa.

Mother's Maiden Name: Elizabeth Keller; Mother's Birthplace: New Kingston Pa.

Name of person giving In formation: Mrs. S.P. Miller; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debility from old age; How long: —

Immediate: Senual Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William Saxton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro; County: Frederick

Date of death: Month: June; Day: 3; Age: Years: 83; Months: 3; Days: 28

Sex: Male; Color or ~~Race~~: White; Birthplace: New Kingston Pa.

Occupation: Farmer; Where Residing if not at place of death: Woodsboro Md.

Married, ~~Single or Widowed~~; Name of Wife ~~or Husband~~: Mary Jane Saxton

Father's Name: Michael Saxton; Father's Birthplace: New Kingston Pa.

Mother's Maiden Name: Sarah Hoch; Mother's Birthplace: Shippensburg Pa.

Name of person giving Information: Benj. W. Saxton; How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleurisy; How long: 11 days

Immediate: Heart Failure; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full Charles Shipley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Thurmont — (County) Frederick

Date of death	Month	Day	Years	Months	Days
1904	June	18	Age 89.	6	6

Sex: Male	Color or Race: White	Birthplace: Balto Md.	
Occupation: Real Estate Broker	Where Residing if not at place of death: —		
Married, Single or Widowed: Married	Name of Wife or Husband: Ida. R. Merrit		
Father's Name: Geo Shipley		Father's Birthplace: Balto. Md.	
Mother's Maiden Name: Dont Know, Father Married a widow (Mrs Gregor)		Mother's Birthplace: Balto. Md.	
Name of person giving information: Jas. O. Shipley		How related to deceased: Son.	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La. Grippe	How long: 6 months
Immediate: Oedema of Lungs. Heart failure	How long: 2 wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: E. G. Kefauver
	Address: Thurmont. Md.
~~Accident or Suicide?~~	

LIBRARY BUREAU A6681G

Name in Full: Joseph Shorb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Motters — County: Frederick

Date of death 1904: Month: 6 — Day: 16 — Age: Years: 66 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer

Married, Single or ~~Widowed~~

Name of Wife or ~~Husband~~: Louise Welsh

Father's Name: Samuel Shorb — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Wolf — Mother's Birthplace: "

Name of person giving Information: Louise Shorb — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 11 days

Immediate: Paralysis — How long:

66

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert L. Annan

Address: Emmitsburg Md

PHYSICIAN OR CORONER

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Clarence Bradley Stitt

Town — County

Died at Edwardsville Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
June	7	23			Md	—

Date 1904 — Age

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — Widow ~~Widower~~ — Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Clarence B Stitt — Mother's Maiden Name Ida Brashears

Cause of Death — Primary — How long sick 2 days

Immediate Congestion of Lungs

Accident, Suicide, Homicide

Reported by E. D. Nuzum

Address Lewistown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: George C. Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Yellow Springs — County: Frederick

Date of death 1904: Month: June — Day: 18 — Age: 76 — Months: 6 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband:

Father's Name: Christian Thomas — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth McMorris — Mother's Birthplace:

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 months

Immediate: Asthenia — How long: 4 hours 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. D. Haynes M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William D Trapell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Walkersville

County: Frederick

Date of death 1904: Month: June; Day: 27

Age: Years: 65; Months: 3; Days:

Sex: male

Color or Race: white

Birthplace:

Married, ~~Single or Widowed~~:

Occupation: retired Shoe-maker.

Name of Wife ~~or Husband~~: Sarah E

Father's Name: Frederick Trapell

Father's Birthplace: Frederick Co

Mother's Maiden Name: Sophia Fiser

Mother's Birthplace: " "

Name of person giving Information: wife

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis Agitans.

How long: 2 years.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D Henderson

Address: Walkersville Md.

Accident or Suicide?

LIBRARY BUREAU 488819

Name in Full Wm. Gilbert Valentine

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Thurmont — County: Frederick

Date of death	Month	Day	Years	Months	Days
1904	June	2nd	Age 67	3	17

Sex: Male — Color or Race: White — Birthplace: Frederick Co Md

Occupation: Farmer (Retired) — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Margaret Kerlinger

Father's Name: Wm Valentine — Father's Birthplace: Carroll Co, Md

Mother's Maiden Name: Lydia Mehring — Mother's Birthplace: Carroll Co, Md

Name of person giving Information: Harry C. Valentine — How related to deceased: Son

54

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arteris-Sclerosis, & Progressir Senaires Anemia — How long: 2 years.

Immediate: Hemiplegia or Paralysis L Left-side. — How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: E. C. Kefauver M.D.

Address: Thurmont, Maryland.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Anna Wachter.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Walkersville — County: Frederick

Date of death 1904 — Month: June — Day: 14 — Age: Years 12 — Months 7 — Days —

Sex: female — Color or Race: white — Birthplace: Walkersville

~~Married, Single or Widowed~~ — Occupation:

Name of Wife or Husband: — — —

Father's Name: Luther Wachter — Father's Birthplace: Utica Mills

Mother's Maiden Name: Florence Crum — Mother's Birthplace: Walkersville

Name of person giving information: J. D. Nicodemus — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlatina - malignant — How long: 2 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: J. D. Nicodemus

Accident or Suicide?

LIBRARY BUREAU AB6510

Name in Full: Lloyd Alexander Warfield

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Johnsville — County: Frederick

Date of death: 1904 — Month: June — Day: 8 — Age: Years 57 — Months 3 — Days 28

Sex: Male — Color or Race: White — Birthplace: Johnsville Md.

Occupation: Farmer — Where Residing if not at place of death: Near Johnsville Md.

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mary Ellen Warfield

Father's Name: Alexander Warfield — Father's Birthplace: Johnsville Md.

Mother's Maiden Name: Eliza Burgess — Mother's Birthplace: Johnsville Md.

Name of person giving Information: Anna Mary Stitely — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights disease — How long: About 8 Months

Immediate: General Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? I am governed by above information

Signature of Physician: C. A. Stitely

Address: Woodsboro Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A6661S

Name in Full: Joseph L Weeden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lime Kiln — County: Frd

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	June	26	Age 57	4	4

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Emily Weeden

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — Weeden — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis in consequence of — How long: 4 yrs

Immediate: Emaciation & general weakness — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Clyde Riordan

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: Margie Catherine Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Deerfield

County: Frederick

Date of death 1904: Month 6, Day 15

Age: Years 22, Months —, Days 18

Sex: Female

Color or Race: White

Birthplace: —

Married, Single or ~~Widowed~~

Occupation:

~~Name of Wife or~~ Husband

Father's Name: Henry Wolf

Father's Birthplace: —

Mother's Maiden Name: Susan Schatzer

Mother's Birthplace: —

Name of person giving information: John Warner

How related to deceased: raised her.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease

How long: 2 years

Immediate: Uremia

How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E C Kefauver

Address: Thurmont. Maryland.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A6S13

Name in Full: Ann Rebecca Yingling

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Liberty — County: Frederick

Date of death 1904 — Month: June — Day: 21 — Age — Years: 69 — Months: 3 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Liberytown

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: J. Thomas Yingling

Father's Name: John A. Wright — Father's Birthplace: Great Colud

Mother's Maiden Name: Julia Ann Danner — Mother's Birthplace: Frdg " "

Name of person giving In formation: Vincent Yingling — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softning of brain — How long: 6 months

Immediate: Paralysis — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Thomas Irvin

Address: Liberytown Md.

Accident or Suicide?

LIBRARY BUREAU A8661¢